

DOCUMENT RESUME

ED 421 681

CG 028 644

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TITLE Bridging Research into Practice to Intervene with Young Aggressive Students in the Public School Setting: Evaluation of the Behavior Consultation Team (BCT) Project.
PUB DATE 1998-04-00
NOTE 8p.; Paper presented at the Annual Convention of the National Association of School Psychologists (30th, Orlando, FL, April 14-18, 1998).
PUB TYPE Reports - Research (143) -- Speeches/Meeting Papers (150)
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Aggression; At Risk Persons; Behavior Disorders; *Behavior Modification; Behavior Problems; *Consultation Programs; Developmental Disabilities; *Early Childhood Education; *Educational Therapy; Intervention; Preschool Children; Preschool Education; Primary Education; Problem Children; *Public Schools

ABSTRACT

In response to concerns about the increasing number of students identified as disabled and eligible for special education services, and the growing number of young, aggressive, noncompliant, and very challenging students entering pre-kindergarten and elementary schools, a task force recommended the creation of a Behavior Consultation Team (BCT) project. The behavioral consultation model includes stages of problem identification, problem analysis, plan implementation, and plan evaluation. Goals of the project were to increase teachers' ability to effectively manage, accommodate, and remediate behavioral difficulties in the classroom, and to document and evaluate a consultative process that is feasible in the public school setting. Six specific research questions are addressed. Children with seriously challenging behaviors (aggression, noncompliance, etc.) in grades pre-K to 3, were recruited (N=16). Assessment included functional analysis and functional assessment, and identification of environmental conditions that influence a given behavior. An intervention plan was designed and implemented. Three evaluation areas (acceptability, integrity, and efficacy of the BCT) were defined for the project. Data were collected at all stages of the project and at the end of the year as follow-up. Quantitative and qualitative results are presented. Closing discussion highlights the differences between successful and unsuccessful case resolutions. (EMK)

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**Bridging Research into Practice to Intervene with Young Aggressive
Students in the Public School Setting:**

Evaluation of the Behavior Consultation Team (BCT) Project

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Introduction:

Increasingly, schools across the nation are encountering very young, aggressive, and behaviorally challenging students entering pre-K and primary grade sites. These settings are traditionally are not designed to accommodate frequent, persistent, aggressive acting-out behaviors. Further, these behaviors are potentially even more detrimental to the acting out student who is at great immediate risk for academic failure, alienation from peers and adults, subsequent special education placement, and in the longer term, risk of incarceration, substance abuse difficulties, and diminished functioning in vocational, social, and personal realms.

The literature on challenging childhood behavior indicates that over the last two decades there has been a significant increase in numbers of children evidencing these serious behaviors with prevalence rates noted at 14-20% for typical or at risk children and 13-30% for developmentally disabled children. The literature has also identified several components to effective treatment including early and sustained intervention, targeting home and school environments, and involving a coordinated and consistent effort to diminish negative behaviors while teaching and supporting more adaptive social behaviors. Given their early and sustained involvement with the community's resources, children, and families and the availability of funded support staff, schools are uniquely poised to intervene with behaviorally challenging students.

Due to the high numbers of children being referred for special education, prereferral intervention approaches have evolved as programmatic activities designed to support and assist teachers in accommodating difficult-to-teach and/or difficult-to-manage students in regular education settings. Research indicates that a structured consultative model may lead to teachers use of more effective prereferral interventions. Among the most popular and empirically studied models of consultation for use in the schools is the behavioral consultation model that includes the following stages: problem identification, problem analysis, plan implementation, and plan evaluation.

Description of the BCT:

- The focus of this study/project was to examine the efficacy of a district level consultation team designed to assist teachers to develop, implement, and evaluate school-based interventions for young aggressive and behaviorally challenging students.

- The team was based on a behavioral consultation process that sought to

clarify the nature and function of the child's problematic behavior and the environmental conditions that supported it.

- Interventions were created that focused on changing environmental conditions so that a child's problem behaviors were no longer functional and were replaced by more socially appropriate behaviors .
- The project relied heavily on school psychologists (along with social workers and teachers) trained in the behavioral consultation model to implement the consultative process and evaluate the results.

Rationale for the BCT:

- The Syracuse City School District observed a 33% increase in the number of students identified as disabled and eligible for special education services and had become increasingly concerned with the growing number of young, aggressive, noncompliant, and very challenging students entering pre-K and elementary sites.
- In response to these issues, an administrative task force was developed to study the problem of challenging aggressive youth and to develop a list of proactive and remedial recommendations.
- One central recommendation was to create a Behavior Consultation Team that would serve primarily as a district resource to schools interested in creating and refining interventions for especially challenging youth.

Purpose/Variables of Study:

- The primary goal in this consultation was on increasing the teacher's ability to effectively manage, accommodate, and remediate behavioral difficulties in the classroom setting so that the referred child's behavior improves and they are not referred to special education or more restrictive settings.
- A secondary focus of this study was to document and evaluate a consultative process that is feasible in the public school setting, acceptable to teachers/educators, able to be implemented with integrity using existing resources/funding, and effective in maintaining aggressive and behaviorally challenging young students in their current educational placement.

The major research questions addressed by this study were:

- (1) To what extent can an empirically based, consultative, prereferral intervention process, using a formative evaluation procedure addressing acceptability, integrity, and efficacy result in positive student outcomes as evidenced by teacher daily behavior ratings compared to baseline measurements and identified goals?

- (2) Can this process result in high acceptability and integrity ratings for both the consultative process and the designed intervention?
- (3) What percentage of the cases will be successfully resolved?
- (4) How do successful and unsuccessful cases differ on ratings of acceptability, integrity and efficacy?
- (5) Will positive effects of the intervention and consultative process evidenced at the resolution of the case continue to be evident at the end of the academic year?
- (6) What percentage of BCT student referrals will be successfully accommodated in (not referred out of) their current class setting.

Method:

Participants/subjects

- Targeted those children who exhibited seriously challenging behaviors (aggression, noncompliance, etc.) in grades pre-k to 3, recruited through presentations to school administrators, school psychologists, and social workers
- Sample consisted of 16 students, 31% were Caucasian and 69% were persons of color, 25% of the final sample was female and 75% male. The mean age of the final sample was 6.3 years with all students between 4 and 9 years old.

Procedures

- **First stage: Assessment**
Functional analysis and functional assessment were utilized because of their direct implications for intervention design.
Attempted to identify the environmental conditions that influence a given behavior and define the function.
- **Second Stage: Intervention Plan**
 - An intervention was designed and implemented based on the hypothesized variables and was monitored/evaluated via the standard consultative format.
 - Interventions utilized consisted of behavioral definition, direct measure, step-by-step plan, treatment integrity, graphing of results, and direct comparison to baseline
 - Specific intervention procedures that teachers implemented were based on those with effectiveness clearly documented in behavior analytic research

- and included: Teacher-student contracts , Self-monitoring , Home-school collaboration
- These were selected due to their feasibility and acceptability and they also could also be combined when developing individualized student interventions.
 - **Third Stage: Progress Monitoring**
 - We utilized the Teacher Behavior Report Card (TBRC) to monitor progress towards identified goals, comparisons were made between baseline and intervention ratings.
- To assess the impact of the BCT we collected data on : The acceptability of the program, the integrity of the implementation, and the impact or effectiveness of the program using formative evaluation procedures

Instrumentation

- The forms and instruments utilized by the BCT members for each of the three evaluation areas (acceptability, integrity, and efficacy of the BCT) are listed below:
The Initial Meeting Minutes; The Daily Intervention Checklist; Initial Meeting Debriefing Form; Follow-Up Meeting Minutes Forms; Follow-Up Meeting Debriefing Form; The BCT Satisfaction Rating Scale for Teachers-(SRST); Case Manager Checklist End-of-Year Follow-up Interview Questions; Teacher Behavior Report Card/Student Monitoring Form
- As previously indicated acceptability, integrity, and efficacy information was collected formatively throughout the BCT process to inform revisions of both the designed interventions and the consultative process.
- Many of the instruments listed above guided the consultative process and ensured that that the integrity of the process was maintained.
- Summative evaluation information was collected at the case resolution stage (the last BCT follow-up meeting) and at the end of the year as follows:
- The acceptability of the BCT consultative process was assessed by question 7 on the SRST.
- The integrity of the intervention implementation was assessed using ratings from the Daily Intervention Checklist, the completeness of the student monitoring information, and teacher and team member feedback. This rating was documented on the follow-up Meeting Form on a ten point rating scale with ten indicating the highest level of treatment integrity.

- At the case resolution stage (the last follow-up meeting) efficacy was determined based on the daily TBRC ratings which were graphed, and baseline ratings were compared to those obtained during the intervention period. The teacher and BCT team collectively rated the case on the Follow-up Meeting Debriefing Form
- At the end of the year follow-up assessment a brief phone interview was conducted with the referring teacher in order to complete the follow-up interview questions which assessed longer term acceptability, integrity and continued efficacy of the BCT process and the designed interventions.

Results:

Quantitative Analysis

Summative Case Ratings

- Table 3 provides an illustration of teacher ratings of the BCT process and designed interventions summarized across all completed cases (n=16).

Table 3. Results of BCT Program Evaluation

Teacher Ratings of Interventions	
* Case Resolution (n=16)	End-of-Year (n=14)
TSRS Ratings	High rating=71%
A Mean= 5.03 on	Med. rating= 29%
6 point scale	Lo rating= 0%
FUMMF Integrity Ratings	Continuing to implement=43%
I Mean=6.97 on 10 point	Partly implementing=28.5%
likert scale	Not implementing=28.5%
Successfully Resolved=31%	Very Successful= 36%
E Partly Resolved=44%	Moderately Successful= 43%
Not Resolved= 25%	Unsuccessful=21%

Teacher Ratings of Consultation Process	
Case Resolution (n=16)	End-of-Year (n=14)
TSRS Q 7 Ratings	High rating=64%
A Mean= 5.44 on	Med. rating= 36%
6 point scale	Lo rating= 0%
I -----	-----
TSRS Q 6 Ratings	Maintained in class= 92%
E Mean= 5.38 on	Not Maintained= 8%; 1 student
6 point scale	

Note. A= acceptability; I=integrity; E=efficacy. TSRS=Teacher Satisfaction Rating Scale; End-of-year rating taken from follow-up interview; FUM=follow-up meeting; FUMMF=follow-up meeting minutes forms

Successful and Unsuccessful Case Comparison

- Case analyses were conducted to compare successful and unsuccessful cases along the dimensions of acceptability, integrity, and efficacy.
- Table 4 provides an illustration of this information.

Table 4. Intervention Evaluation Data for Successful and Unsuccessful Cases

	<u>Successful Cases (n=12)</u>	<u>Unsuccessful Cases (n=4)</u>
Acceptability	Group mean of case acceptability ratings Mean=5.55 on 6 point scale	Group mean of case acceptability ratings Mean=3.45 on 6 point scale
Integrity	Group mean of case integrity ratings Mean=8.54 on 10 point scale	Group mean of case integrity ratings Mean=2.25 on 10 point scale
Efficacy	Group mean TBRC ratings during baseline phase Mean=2.67 on 9 point scale	Group mean TBRC ratings during baseline phase (n=2) Mean=2.04 on 9 point scale
Efficacy	Group mean TBRC ratings during intervention phase Mean=6.86; Mean Diff=4.19	Group mean TBRC ratings during intervention phase (n=2) Mean=4.44; Mean Diff=2.40

Note. TBRC=teacher behavior report card (daily). Intervention cells amount to student progress/intervention efficacy information.

Qualitative analysis

- Teacher comments related to the BCT were organized according to three general themes; BCT components identified as most satisfactory/effective, areas of concern, and suggestions for improvement.
- The most frequently identified satisfactory element of the BCT was that teachers felt the process and the designed interventions were effective in decreasing negative student behavior (indicated by ten teachers). After this teachers indicated that the student plans helped improve consistency in their approach (cited 6 times) and that they liked the on-going consultative support (cited 4 times).
- By far the largest concern expressed by teachers was the amount of time and energy the class-based interventions required from them (cited 7 times). Following teacher time and energy the use of behavioral interventions was the next largest concern (cited 3 times). Another concern was that some teachers had difficulty maintaining the intervention following the consultation (2 teachers).

Discussion:

- In sum 75% of the cases completed by the BCT were successfully resolved by the end of the consultation. Of these cases most were partly resolved (41%) complete, resolution was achieved in 31% of the total sample
- The most striking difference between successful and unsuccessful cases in this study was the level of treatment integrity assessed. Quantitative analysis of this variable indicated that successful cases evidenced high integrity ratings (mean of almost 9 on a ten point scale) as compared to unsuccessful cases where mean integrity ratings were quite low (approximately 2 on a ten point scale).
- As previously indicated the positive case resolutions observed at the end of the consultative relationship were generally maintained through the end of the year. All teachers interviewed also indicated a willingness to consult with the BCT in the future.
- Qualitative information indicated that teachers did have more difficulty maintaining positive intervention effects following the consultative relationship suggesting that while positive intervention effects were maintained by the teacher, such maintenance would perhaps be more successful and less stressful if consultants continued to provide ongoing support to the case and offered greater assistance with intervention fading, generalization, and revision.
- Overall, in 92% of the cases completed the referred students were able to be maintained in their class settings. Thus, it does appear that the BCT consultative process was successful in assisting teachers to accommodate most of the behaviorally challenging students referred.
- The current study approaches the upper limits of what is feasible in an applied setting, operating within the typical constraints of the public school system, and without an infusion of resources and skills.